

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213519441			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CHINA HARVEST, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GARY A RUSSELL 4116 LINDENWOOD DR CHESAPEAKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: 04855698</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 12249</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WICHITA, KS 67277-2249</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GARY A RUSSELL TITLE: P/D ADDRESS: 4116 LINDENWOOD DR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321-1814 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY A RUSSELL TITLE: P/D ADDRESS: 4116 LINDENWOOD DR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321-1814	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER LEE DIRECTOR 2660 W WOODLAND DR STE 105 ANAHEIM, CA 92801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES LOFTIN DIRECTOR 715 GLEN EAGLE DR WINTER SPRINGS, FL 32708	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB WEINER DIRECTOR PO BOX 1799 GAINESVILLE, FL 32602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW WINN DIRECTOR 5308 HUNTINGWOOD COURT SARASOTA, FL 34235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL GUO DIRECTOR 2851 SUN VALLEY RD LISLE, IL 60532	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEVE MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE MILLER, S/D PRINTED NAME AND CORPORATE TITLE	4/24/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			